| AMENDMENT TRANSMITTAL LETTER                                                                                                                         |                                 |                              |                                   |                         |        |  | Docket No.<br>1254-0285PUS1 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|-----------------------------------|-------------------------|--------|--|-----------------------------|--|
| Application No.<br>10/539,236-Conf. #9237                                                                                                            |                                 | Filing Date<br>June 16, 2005 |                                   | Examiner<br>A. N. Trail |        |  | Art Unit<br>2876            |  |
| Applicant(s): Yusuke Hiraki et al.                                                                                                                   |                                 |                              |                                   |                         |        |  |                             |  |
| Invention: BARCODE RECOGNITION APPARATUS                                                                                                             |                                 |                              |                                   |                         |        |  |                             |  |
| MS Amendment<br>Commissioner for<br>P.O. Box 1450<br>Alexandria, VA 22                                                                               |                                 |                              |                                   |                         |        |  |                             |  |
| Transmitted herewith is an amendment in the above-identified application.                                                                            |                                 |                              |                                   |                         |        |  |                             |  |
| The fee has been calculated and is transmitted as shown below.                                                                                       |                                 |                              |                                   |                         |        |  |                             |  |
| CLAIMS AS AMENDED  Claims Highest                                                                                                                    |                                 |                              |                                   |                         |        |  |                             |  |
|                                                                                                                                                      | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present |                         | Rate   |  |                             |  |
| Total Claims                                                                                                                                         | 18                              | - 20 =                       | 0                                 | . х                     | 52.00  |  | 0.00                        |  |
| Independent<br>Claims                                                                                                                                | 5                               | - 5 =                        | 0                                 | х                       | 220.00 |  | 0.00                        |  |
| Multiple Dependent Claims (check if applicable)                                                                                                      |                                 |                              |                                   |                         |        |  |                             |  |
| Other fee (please specify):                                                                                                                          |                                 |                              |                                   |                         |        |  |                             |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00                                                                                                        |                                 |                              |                                   |                         |        |  |                             |  |
| x Large Entity Small Entity                                                                                                                          |                                 |                              |                                   |                         |        |  |                             |  |
| x No additional fee is required for this amendment.                                                                                                  |                                 |                              |                                   |                         |        |  |                             |  |
| Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.                                                    |                                 |                              |                                   |                         |        |  |                             |  |
| A check in the amount of \$ is enclosed.                                                                                                             |                                 |                              |                                   |                         |        |  |                             |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                   |                                 |                              |                                   |                         |        |  |                             |  |
| The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.     |                                 |                              |                                   |                         |        |  |                             |  |
| x Credit any overpayment.                                                                                                                            |                                 |                              |                                   |                         |        |  |                             |  |
| Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                     |                                 |                              |                                   |                         |        |  |                             |  |
| Dated: October 15, 2008                                                                                                                              |                                 |                              |                                   |                         |        |  |                             |  |
| Charles Gorenstein Attorney Reg. No: 29,27                                                                                                           |                                 |                              |                                   |                         |        |  |                             |  |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000 |                                 |                              |                                   |                         |        |  |                             |  |